FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                        | (See instructions)             |                        |              |  |  |        |          |               | 0                     | fice use       | only       |                 |       |         |  |
|-------------------------------|--------------------------------|------------------------|--------------|--|--|--------|----------|---------------|-----------------------|----------------|------------|-----------------|-------|---------|--|
| 1. NAME OF COMMITTEE (in      | full) (Che                     | eck if name<br>nanged) | Exar<br>over | nple: If typy<br>the lines                 | ing, type                              |        | 12F      | E4M           | -                     | lice dae v     | Silly      |                 |       |         |  |
| Impact                        |                                |                        | 1 1          |  |  |        | ш        | ш             |                       | 1 1            | 11         |                 |       | لــــ   |  |
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| ADDRESS (number and           | street) 509 Madi               | son Ave.               | 1.1          |  | 111                                    |        | <u> </u> | 1 1           | 1 1                   | 1.1            | 1 1        |                 |       |         |  |
| (Chapte if adds               | Suite 190                      | )2                     | 1.1          | 1 1 1 1                                    | 1 1 1                                  |        | 1 1      | 1 1           | 1 1                   | 1.1            | 1.1        |                 | ı     | ,       |  |
| (Check if addr<br>is changed) | New Yorl                       | k                      |              |  |  |        | ĹŅ\      | <u>'</u>      | L                     | 100            | 022        | <u>-</u><br>ييا |       | —<br>山  |  |
|                               |                                | CITY▲                  |              |  |  |        |          | STATE▲        |                       |                |            | ZIP CODE ▲      |       |         |  |
| COMMITTEE'S E-MA              |                                |                        |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
| IMPACT.PAC@                   | ogmail.com                     |                        |              | ш  | ш                                      |        |          | 1 1           |                       |                |            |                 |       | Ш       |  |
|                               |                                |                        |              | ш  |  |        | ш        |               | ш                     |                |            | ш               |       | $\perp$ |  |
| COMMITTEE'S WEB               | PAGE ADDRESS (URL)             |                        |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
|                               | <u> </u>                       |                        |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
|                               |                                | 1111                   | 1.1          | 1 1 1 1                                    | 1 1 1                                  |        | 1 1      | 1 1           | 1 1                   | 1.1            | 1.1        |                 | ı     | ıl      |  |
| COMMITTEE'S FAX N             | NUMBER                         |                        |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
| با لبنا                       | لسا ل                          |                        |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
| 2. DATE 1.0                   | 7 D D / Y Y 20 20 20 1         | 0 0 8 °                |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
| 3. FEC IDENTIFICA             | ATION NUMBER                   | C                      | C 00         | 348607                                     | •                                      |        |          |               |                       |                |            |                 |       |         |  |
| 4. IS THIS STATEM             | MENT NEW (N)                   | OR                     | X            | AMEN                                       | IDED (A)                               |        |          |               |                       |                |            |                 |       |         |  |
| I certify that I have exam    | ined this Statement and to the | e best of my know      | vledge an    | d belief it is t                           | rue, correc                            | ct and | compl    | ete           |                       |                |            |                 |       |         |  |
| Type or Print Name of         | Treasurer David                | d A. Barrett           |              |  |  |        |          |               |                       |                |            |                 |       |         |  |
| Signature of Treasurer        | Electronically Filed by        | David A. Ba            | arrett       |  |  | D      | ate      | м<br><b>1</b> | <b>o</b> <sup>M</sup> | <sup>D</sup> 2 | <b>7</b> / | YY              | 2 0 0 | 8       |  |
| NOTE: Submission of fa        | lse, erroneous, or incomplete  | information may        |              |  |  |        |          |               |                       | of 2 U.S       | S.C. S4    | 37g.            |       |         |  |
| Office<br>Use<br>Only         |                                |                        |              | For further<br>Federal Ele<br>Toll Free 80 | ction Com<br>00-424-95                 | missic |          |               |                       |                | FOI        |                 |       |         |  |

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